DOCUMENT RESUME

ED 381 706 CG 026 180

AUTHOR Ferreira, Maria M.; Bosworth, Kris
TITLE Barriers to Caring--Early Adolescents' Perspective.
INSTITUTION Indiana Univ., Bloomington. Center for Adolescent Studies.
SPONS AGENCY Lilly Endowment, Inc., Indianapolis, Ind.
PUB DATE Oct 94
NOTE 21p.; Paper presented at the Annual Meeting of the Mid-Western Educational Research Association (Chicago, IL, October 12-15, 1994).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS *Child Behavior; *Early Adolescents; Elementary School Students; Empathy; Familiarity; *Interaction; Intermediate Grades; Interpersonal Relationship; Intimacy; Junior High Schools; Junior High School Students; Middle Schools; *Perception; Stranger Reactions; Student Attitudes
IDENTIFIERS *Barrier Behavior; Caring; *Middle School Students; Social Reciprocity

ABSTRACT

For educators, the importance of understanding adolescents' concepts of caring is critical. This paper explores early adolescents' perceptions of barriers to caring and is part of a large ethnographic study on caring in middle schools. This study was conducted in two midwestern middle schools in a large urban area. A total of 101 students, representing grades six through eight, were interviewed. Information from the interviews was organized into categories according to themes, with the three major themes being "Nothing," "Reciprocity," and "Violence." Results show that the manner in which adolescents talk about barriers to caring is highly contextual. The findings on the four domains examined--"barriers to caring for self," "friends and family," "people in school/community," and "strangers"--revealed that caring and its barriers are greatly influenced by context. Thus, the barriers to caring for friends and family differ from those in caring for strangers. The recurrent theme of "nothing" as a barrier in caring for self and friends and family reflect a strong sense of self-preservation and strong bonds between self and intimate others. As one moved farther away from self and intimate others, the barriers to caring changed to reflect the context. Other results are discussed. Contains 12 references. (RJM)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED 381 706

INDIANA UNIVERSITY
CENTER FOR ADOLESCENT STUDIES
Kris Bosworth, Ph.D., Director

BARRIERS TO CARING — EARLY ADOLESCENTS' PERSPECTIVE

Maria M. Ferreira, M.S.
Kris Bosworth, Ph.D.

Indiana University
Bloomington, IN 47405

BEST COPY AVAILABLE

Presented at the Annual Conference of the Mid-Western Educational Research Association (MWERA), October 12-15, 1994, Chicago, Illinois

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

M. FERREIRA

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

School of Education, Suite 3288, Bloomington, Indiana 47405 (812) 856-8113 FAX (812) 856-8440

CG026180

BARRIERS TO CARING - EARLY ADOLESCENTS' PERSPECTIVE

Maria M. Ferreira, M.S.; Kris Bosworth, Ph.D.
Indiana University Bloomington, Indiana

For educators the importance of understanding adolescents' concepts of caring is critical. This concept underlies our understanding of how to foster the development in young people of a commitment to social justice and participation in service in the community. An understanding of caring can lay the groundwork for creating social environments in which youth can strengthen their commitment to being caring individuals themselves and contributing to a caring community. Schools today are increasingly seen as the places for the development of affective education. Noddings (1992) contends that "we should educate all our children not only for competence but also for caring" (xiv)

In order to cultivate caring in our youngsters and develop caring communities in our schools, we must ascertain adolescents' understanding of caring and its barriers. This paper explores early adolescents' perceptions of barriers to caring and is part of a large ethnographic study on caring in middle schools.

THEORETICAL FRAMEWORK

A fundamental question in terms of the innate versus the learned nature of caring arises when exploring the concept of caring. Bateson (1990), for example, has investigated the controversy between those who see humans as social egotists versus those who view humans with a capacity for empathy and altruism. His studies support the view of humans as able to care for others to fulfill altruistic needs, not

just selfish motives. Even though humans are seen as having caring as a basic capacity, Noddings (1994) supports the view that caring must be cultivated in order to grow and flourish.

Although moral developmental theorists such as Piaget and Kohlberg view moral reasoning in terms of a hierarchical intellectual development, the role that context plays in ones's moral behavior needs to be addressed. Benner and Wrubel (1989) in the Primacy of Caring proposed that "caring is always understood in a context" (p. 5), and Seigfried states that "one cannot look at caring relations separate from the economic, political, and social contexts in which they occur" (p. 89). Noddings (1992) goes further, she maintains that "caring cannot be achieved by formula. It requires address and response; it requires different behaviors from situation to situation and person to person" (p.44)

The purpose of this study was to find early adolescent's perceptions of barriers to caring and how those perceptions were affected by the contextual situation. We sought to answer the following questions:

1. What are the barriers that adolescents perceive to caring for self, intimate others (friends and family), people in the school/community and strangers.
2. How are those perceptions affected by the contextual situation.

METHODS

The study was conducted in two middle schools in a large urban area in a midwestern state. One school, Urban, (7th and 8th grades) was in the heart of the

urban area and had about equal numbers of African-American and poor Caucasian, a large percentage of them Appalachian. The other, Suburban, was in a suburb and had a mixed population due to bussing for desegregation.

We observed a total of five academic teams, three at Suburban, one at each grade level (6th, 7th, and 8th) and two at Urban (7th and 8th, Urban did not have 6th grade). Subjects for interviews were selected from these teams based on peer and teacher nominations on caring.

We interviewed a total of 101 students, 55 females (36 European American, 18 African American and 1 Hispanic) and 46 males (33 European American, 12 African American and 1 Asian American).

Data analysis involved standard methodology in naturalistic inquiry (Guba & Lincoln, 1985). Information from the interviews was organized into categories according to themes.

RESULTS/DISCUSSION

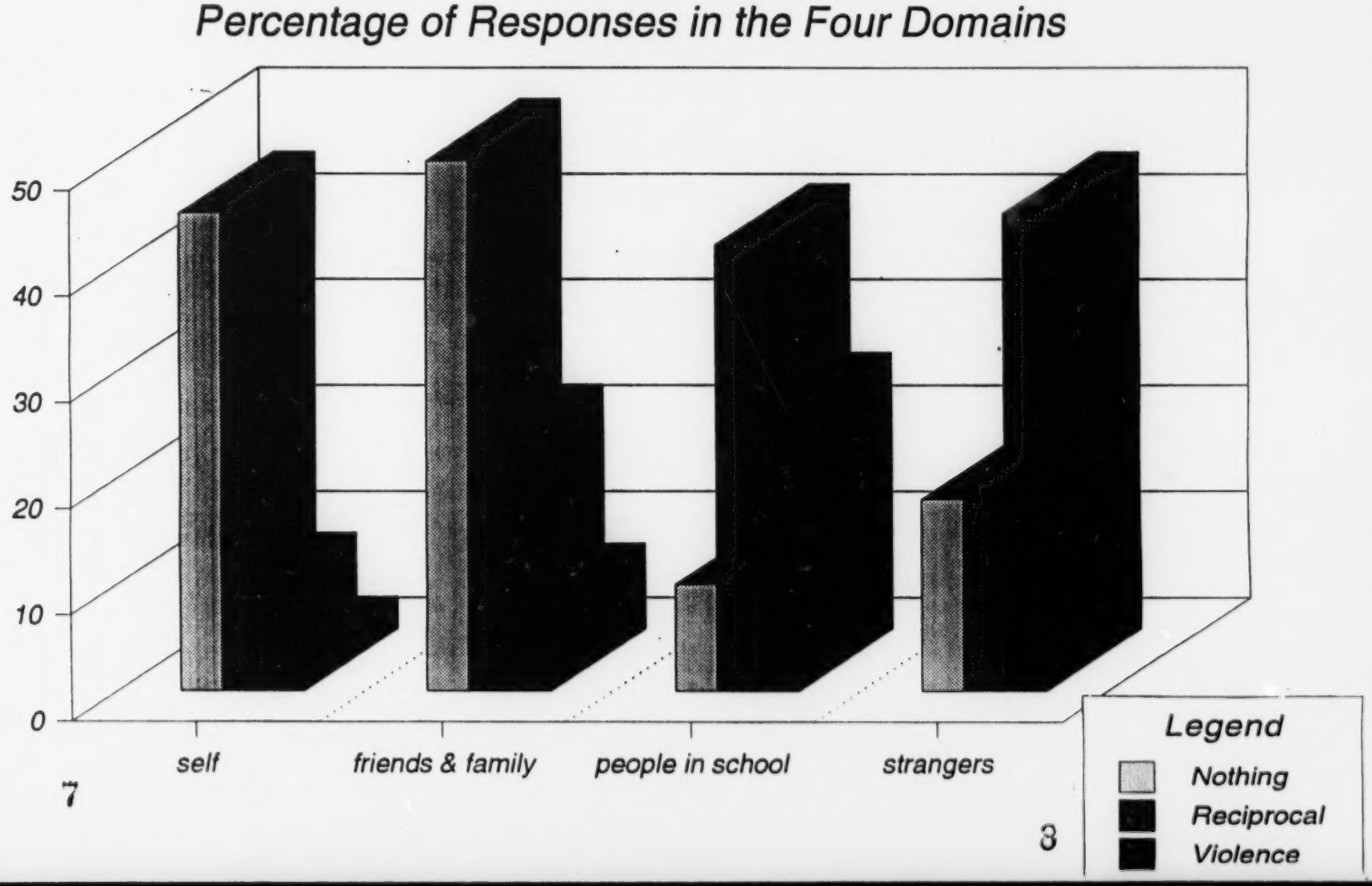
We found that the manner in which adolescents talk about barriers to caring is highly contextual. As table 1 shows, the type of categories change from domain to domain as well as the percentage of responses in those categories common to the four domains – NOTHING, RECIPROCAL, VIOLENCE, UNCARING TO OTHERS, and DON'T KNOW. Most of this discussion will concentrate on three main themes -- NOTHING, RECIPROCITY and VIOLENCE (see figure 1).

Table 1. Percentage of Responses in Each Category in the Four Domains

CATEGORIES	SELF	FRIENDS & FAMILY	PEOPLE IN SCHOOL	STRANGERS
Nothing	45	50	10	18
Reciprocal	9	23	42	16
Violence	3	8	26	45
Uncaring to Others	3	1	10	2
Don't know	11	2	5	5
Put Downs	11			
Personal Tragedy	10			
Risk Behavior	6	12	3	
Peer Pressure	2		4	
Distance		4		
Taking Advantage				7
Being Unknown				7

Put graph about here

BARRIERS TO CARING



Barriers to Caring for Self

Proportionally, more males than females (48% vs. 38%) answered "Nothing" under barriers to caring for self. In terms of schools, 66% of all students interviewed at Urban and 28% of those at Suburban provided that response. In regards to race, 67% of both male and female African Americans interviewed compared to 32% European American (41% of the males and 24% of the females) responded in that fashion.

Two other categories under barriers to caring for self deserve our attention -- PUT DOWNS and PERSONAL TRAGEDY. "Put downs" includes responses such as "maybe if people put me down enough to start believing it," and "someone telling me that I'm not doing nothing right." Under "personal tragedy" responses consist of items such as "if someone in your family were to die and it was someone really close to you, you would say there is no reason for me to live on,"(6WF) and "probably if there was a major family crisis like one of my parents died"(7WF).

In regards to gender differences in this domain, and if we presume the response "Nothing would stop me from showing caring for myself," a reflection of self-assurance or self-reliance, we may contend that males appear to be more self-assured than females in terms of caring for themselves. However, this only applies to European American females. As pointed out earlier, an equal percentage of male and female African American students (67%) gave that response. Does this mean then that African American students, both male and female are more self-assured than their European American counterparts?

When discussing barriers to caring for self, 45% of the responses belong to the "Nothing" category. In other words, when we asked early adolescents "what would stop you from showing caring towards yourself?" almost half of them simply said "Nothing!" In barriers to caring for friends and family, that percentage increased to 50% then decreased to 10% under barriers to caring for people in school and to 18% in barriers to caring for strangers.

"Reciprocity" follows a different pattern. Only 9% of the responses under barriers to caring for self belonged to the reciprocal category. That figure rose to 23% under barriers to friends and family, to 42% under people in school, and back down to 16% under barriers to caring for strangers.

"Violence" was the next largest category in any domain and it contained responses such as "if they tried to hurt me," "trying to kill me," "them messing with me and trying to get me in a car." Only 3% of the responses under barriers to caring for self and 1% in barriers to caring for friends and family belonged to the violence category. However, the number of responses in this category rose to 26% in barriers to caring for people in school and was the largest in barriers to caring for strangers (45%).

Besides differences in responses due to context, we also found differences in regards to grade, gender, race, and school.

Why should adolescents at Urban, the majority of whom belong to a low socioeconomic class, have stronger self-reliance than the adolescents at suburban whose majority belong to the white middle class? From our observations, we know that both the physical and emotional environments at Urban are not better than at Suburban. We also know from our interviews with the students that the majority of those at Urban come from "tough" neighborhoods where violence is common. Could it be that the difficult conditions the students at Urban have been exposed to made them stronger, more resilient? Resilience described by Winfield (1991b) as the ability to survive and thrive under the adverse conditions.

Another possible explanation may be cognition. We found that students at Suburban appeared to be able to discuss caring in a more abstract/intellectual manner while those at Urban used more concrete language often based on examples. For instance, responses int the "Put Downs" and "Personal Tragedy" categories were exclusive to Suburban students. Although there was an equal number of responses from males and females in the "Put Downs" category seven of the eleven responses were from six graders.

Thus, students at Suburban appear to be much more affected by the behavior of others than the ones at Urban. In addition, the younger they are, the more vulnerable they appear. Does this mean the students at Urban do not experience teasing and "put downs?" Our observations and conversations with them indicate they do. Probably more so than the students at Suburban. However, they seem to

"bounce back" quickly, often with a clever reply to those who have tried to put them down.

Responses under Personal Tragedy are once more exclusive to Suburban. All the responses dealt with close family members. Why didn't students at Urban provide similar responses? Could it be that those students have already experienced tragedies in their lives and thus developed the necessary resilience for dealing with them? Or is it because they did not think about it? I wonder how those who responded (Nothing!) would have responded if we had asked them: "Do you think that you would stop caring for yourself if something terrible happened to someone in your family (for example....)."

Six students responded that engaging in risk behaviors would prevent them from showing caring for themselves. Some mentioned joining a gang "Probably If I was in a gang or something." Others mentioned drugs and alcohol; the words of a six grade African American depict the general theme: "If I start doing things like drinking or something, I might look in the mirror and say 'Look at You!'"

Although this category is a good indication that students are aware of behaviors that may put them at risk, we were surprised at the low number of students that mentioned it given the emphasis schools put on prevention. The fact that most of the students who provided responses in this category were sixth graders even though most of the prevention programs are part of seventh and eighth grade health classes, may be an indication of their lack of success.

Barriers to Caring for Friends and Family

Of all the students interviewed 49% of the females and 35% of the males responded "Nothing" under barriers to caring for friends and family. When comparing the schools, 50% of the students at Urban and 38% at Suburban responded in that manner. In terms of race 56% and 33% of the African American females and males respectively responded that way compared to 46% of the American European females and 35% of the males.

The gender differences identified in the "Nothing" category under barriers to caring for self are reversed in barriers to caring for friends and family. Thus, females seem to be more readily able to say that "Nothing" will make them stop from caring for friends and family than males. We may contend that it may be a reflection of what Carol Gilligan (1982) postulated in terms of the differences between males and females -- females appear to be more concerned with others more often than males.

Students at Urban appear to have stronger friendships than the ones at Suburban. It is somewhat of a paradox for we did witness more fights at Urban than Suburban. Perhaps because of the violence friendships are tighter and therefore more difficult to break. Tuma & Hallinan (1979) found that black children formed friends more rapidly and had more stable friendships than white children. These findings suggest that black friendships may be more important to the social support system of black than white students. We must have in mind however, that the question included family and close friends on the same level of importance. Our perception during the interviews, was that many students thought differently about family and

close friends. Thus, when they mention "Nothing!" they may intend it to be in regards to family. After all, family ties are often stronger than those with friends and as a result harder to break.

While our perception that "Nothing!" was for the most part intended for family, we feel that the responses under reciprocal caring, the next largest category, were intended for friends. The following provide some examples of the responses in this category:

"if they just stopped caring for me"
"Talking behind my back"
"If they treat me mean"
"Ignoring me"
"If they let another person come between our relationship"
"If they turn against me"

We did not find a large difference in the percentage of males and females who provided responses in this category (17% vs. 22%). However, the difference between the schools was significant. At suburban 25% of the students provided responses related to reciprocal caring while at Urban only 11% did so. In regards to race differences, we found 17% of female and 8% of male African American students compared to 25% female and 21% male European American students provided similar responses. Based on these differences, we wonder if reciprocal caring is a "middle-class phenomena." A possible explanation is that friendships among white, middle-class adolescents are less resilient than among black poor adolescents.

Ten students, eight from Suburban and two from Urban, mentioned risk behaviors as barriers to caring. Some students used very general language "If they start getting in trouble," while others specified the type of risk they would consider

"If they joined a gang or something else like that;" "If they killed somebody or something." We believe once again that these responses were intended mainly for friends. There are no visible gender or grade differences in this category.

Barriers to Caring for People in School

Of all the responses middle schools students provided in barriers to caring for people in school, 42% belong to the reciprocal category. Although we found no significant school or gender differences in the number of responses, a greater percentage of European Americans than African American (44% vs. 33%) students provided responses related to reciprocity.

By reciprocity we mean direct exchange or Kohlberg's stage two of justice -- "if you help me, I must help you" in the words of a sixth grade white male, "if I was caring for them, and then they started messing with me all the time and they wouldn't do anything for me or said anything nice." We found many subthemes within the reciprocal caring category. Even though some of the responses were clearly direct reciprocal "If they don't care back," others reflected a different dimension of the same theme. Three students appear to be very sensitive in regards to their family "If they do something to hurt my family;" or "probably calling my mom names to me." We had often been told that "calling your family names" was a source of arguments and fights. Other responses included, "If they made fun of me," "If they didn't like me," and "If they change and act different." As far as we can tell

from the results, reciprocal caring does not appear to be developmental. We did not find differences in the number of responses across grades.

The next largest theme in barriers to caring for people in school was violence/fighting which included 26% of the responses. It is interesting that although the subject was brought up when discussing barriers to caring for friends and family, it was to a very small extent (8%). Does this mean adolescents perceive fighting as a barrier to caring only in regards to distant others? In other words, fighting with their friends and family does not prevent them from continuing caring for them because of the nature of the relationship. Another possible explanation is that they do not fight with their close friends and family and as a result, when thinking about barriers to caring for friends and family, fighting is not considered. We found no meaningful differences in regards to school, grade, gender or race in this category.

Barriers to Caring for Strangers

The largest category under barriers to caring for strangers, involved responses dealing with violence. We found that a greater percentage of males than females (60% vs. 44%), African American than European American students (66% vs. 47%) and urban than suburban students (62% vs.47%) provided responses in this category.

When we asked adolescents about barriers to caring for strangers we did not realize their perspective on the issue. We hoped they would consider a stranger anyone unknown to them. However, from the manner they talk about strangers,

both in terms of caring and not caring for them, it appears that to many of the students a stranger is either a homeless person, a beggar, or a criminal.

Adolescents' perceptions about strangers were probably best reiterated by the response of a seventh grader who when asked, "How do you show you care for strangers?" she replied, "I don't talk to strangers." The interviewer then said "Let's say that I was walking in the supermarket and I asked you something. Would you help me?" She replied "Yeah; I'd tell you where it's at." Another student, a seventh grade white female, responded to the first question "You mean, like poor people?" The interviewer answered "Just about anyone." She responded "I've seen people standing by the highways that have posters saying, 'Will work for food' and I try to give them food and stuff." When the interviewer later asked her "What would make you stop from showing caring towards strangers?" She answered "Maybe if that stranger robbed our house or something." In both instances, these students have the perception that strangers are people who either need help or are there "to get you."

Forty five percent of the responses reflected fear of strangers and thus are associated with violence. The following are some of the responses females provided:

"If they had a gun"
"If they kidnap me or something"
"If a stranger tried to hurt me"
"Them messing with me and trying to get me in a car"
"If a stranger tried something, I wouldn't help strangers anymore."

The responses given by male adolescents reflected the same underlying concern, although some of them expressed themselves in a less explicit manner:

"If they did something bad to me"
"If they tried to do stuff that I didn't want them to do to me."

We found that a greater percentage of males than females (60% vs. 44%), African American than European American students (66% vs. 47%) and urban than suburban students (62% vs.47%) provided responses related to violence. These results were expected given the greater number of fights involving males and fighting incidents at Urban.

Although the great majority of responses reflect some type of fear or mistrust of strangers, we were surprised that 18% of them belong to the "Nothing!" category. One may speculate that perhaps these students had said "Nothing!" in all four dimensions. However, when checking the interviews, only four of them had said "Nothing!" to both family and friends and strangers, two to self and strangers, one to people in school and strangers, and one in all four dimensions. When one of the interviewers probed a sixth grader further, "you would care for them, even if you had a bad experience with one?" she answered, "I would care for them still." A seventh grade white male when further probed answered, "No, because some are good and some are bad." Thus, some middle school students have a surprisingly high level of altruism.

CONCLUSION

The premise that caring and its barriers are greatly influenced by context is supported by the results of our study where early adolescents describe the barriers

that may prevent them from caring for self, close friends and family, people in school and strangers. Their responses in each domain are not uniform as it may be expected but highly dependable on the contextual situation. Thus, the barriers to caring for friends and family are different than those to caring for strangers.

We may view barriers to caring as a series of concentric circles starting with self, close friends and family, people in school, and strangers as the last one. Under self and friends and family the greatest category is "nothing" reflecting in the first one a strong sense of self-preservation and in the second one the strong bonds between self and intimate others. As one gets further and further away from self and intimate others, barriers to caring change reflecting the contextual situation. Although reciprocity is an important part of barriers to caring for friends and family, it is the largest category in barriers to caring for people in school reflecting the weaker bonds that exist between self and non-intimate others. Thus I may be polite and friendly if you are polite and friendly to me. We start observing a second source of barriers to caring in this domain -- violence. Violence in schools is a source of great concern to educators and as these responses indicate, it is also a concern to many of our youngsters. In the domain furthest away from self (strangers) the main barrier to caring is violence. Early adolescents seem to have a somewhat distorted view of strangers. To many of them a stranger is either a homeless person or a criminal. This fear of strangers is perhaps a reflection of the society at large.

EDUCATIONAL IMPLICATIONS

Presently there is an increasing call for our schools to be places where youngsters develop morally as well as intellectually. To Alfie Kohn "the very profession of teaching calls on us to try to produce not merely good learners but good people" and Lyons (1987), argues that the emphasis of schools on rules, rational and abstract thinking, does not take into account the "connected" learner.

Noddings (1984), one of the main advocates of moral education, maintains that "the primary aim of every educational institution and of every educational effort must be the maintenance and enhancement of caring" (p.172). She develops this concept further in her book entitled **The Challenge to Care in Schools** (1992) where she proposes a curriculum around centers of care: Caring for Self, Caring for the Inner Circle, Caring for Strangers and Distant Others, Caring for Animals, Plants, and the Earth, Caring for the Human-Made World, and Caring for Ideas.

How can schools achieve such an end is a challenging question facing educators. We know from our study that middle school students have a complex understanding of what it means to care and the barriers that may prevent caring under different situations. Can schools help students expand their contextual caring such that they care for each other the same way they care for intimate others? Violence and not feeling cared for are the two greatest barriers to caring for each other. Thus in order for schools to become caring communities where the ethic of care is nurtured, schools need to address those issues.

REFERENCES

1. Bateson, C.D. (1990). How Social and Animal? The Human Capacity for Caring. American Psychologist, 45, 3, pp. 336-346.

2. Benner, P. & Wrubel, J. (1989). Primacy of Caring. Menlo Park, CA: Addison-Wesley Publ. Co.

3. Gilligan, C. (1982). In a Different Voice. Cambridge, MA: Harvard University Press.

4. Kohlberg, L. (1984). The Psychology of Moral Development: Vol. 1. Moral Stages and the Life Cycle: Vol. 2. Essays on Moral Development. New York: Harper & Row.

5. Kohn, A. (1991). Caring Kids: The Role of the Schools. Phi Delta Kappan, March 1991, pp.496-506.

6. Lyons, N. (1987). Ways of Knowing, Learning and Making Moral Choices. Journal of Moral Education, 16, 3, 226-239.

7. Noddings, N. (1992). The Challenge to Care in Schools. New York: Teachers College Press.

8. Noddings, N. (1984). Caring: A Feminine Approach to Ethics and Moral Education. Los Angeles: University of California Press.

9. Piaget, J. (1932). The Moral Judgement of the Child. New York: Free Press.

10. Siegfried, C. (1989). Pragmatism, Feminism, and Sensitivity to Context. In M. Brabeck (Ed.). Who Cares: Theory, Research, and Educational Implications of the Ethic of Care. (1989). New York: Praeger.

11. Tuma, N., & Hallinan, M. (1979). The effects of sex, race and achievement on school children's friendships. Social Forces, 57, 1265-1285.

12. Winfield, L.F. (1991b). Resilience, schooling, and development in African-American youth. Education and Urban Society 24 (1):5-14.